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Exploration of the daughters' Feelings related to Accepting their Mother's Condition of having breast Cancer in East Java, Indonesia Abstract Having the mother **diagnosed with breast cancer** may create difficulty for the family in relation to accepting it, especially for the daughter who cares for the sick person. This qualitative study aimed to explore **the experience of the** daughters of women with breast cancer and to understand the meaning of acceptance.

The study employed a phenomenological approach by involving eight participants whose mothers were hospitalised with breast cancer in East Java. The data collection was conducted through a semi-structured interview. The data was transcribed verbatim and analysed using the Braun & Clarke method. **Two themes emerged, namely (1) feeling the mothers' feelings, and (2) being sincere and surrendering to God.**

This findings reflect the empathy of the daughters and their faith and cultural background as Javanese Muslims. Health professionals are recommended to provide mental and spiritual support for the daughters to help them in the acceptance process. Keywords: acceptance, breast cancer, mother-daughter, feelings Introduction Breast cancer is one of the leading causes of death among women around the world.¹

Among all cancer cases, breast cancer contributed to 43.3% of new cases and 12.9% of deaths.¹In Indonesia, the estimated mortality rate of female breast cancer was 41% out of the female breast cancer incidence rate of 48,998 cases in 2012.²According to the Indonesian Ministry of Health (MoH), East Java ranked with the second highest number of breast cancer cases in Indonesia.³

Upon **being diagnosed with breast** cancer, the patients develop physical and emotional

changes which can affect their family members. Psychological changes also affect the family well-being from providing complex care for the patients with breast cancer.⁴ Providing family support for breast cancer patients includes family attitude, actions and the acceptance of the patient's condition.⁴

Acceptance is the stage when someone accepts the fact that the loved one has physically gone, and acknowledges the reality that is experienced. Nurses as the professional caregiver have the role of preventing negative internalisation and facilitating the acceptance process.⁵ Nurses may emphasise giving empathy to the patients and their families by looking at the situation from the person's perspective, and adjusting to their diverse responses.⁵ Based on our preliminary study in the chemotherapy room of Dr. Soepraoen's Hospital in Malang, Indonesia, breast cancer accounted for 88% of cancer cases.

All cancer patients were accompanied by their adult daughters. A previous study reported that adult daughters who care for their mothers with cancer experienced active coping adaptations, omission behaviour, self-blaming behaviour, and difficulties in care.⁶

Their study underscored the need for nurse-adjusted interventions in order to consider the unique psychosocial characteristics of the adult daughters as the primary caregiver for their mothers when fighting breast cancer. Understanding the daughter's acceptance of the mother's condition with breast cancer will help the nurses to make appropriate adjustments in the nursing intervention.

Therefore, our study aimed to explore the meaning of the daughter's acceptance from their experience of caring for their mothers with breast cancer. **METHOD** This present study used a phenomenological approach to describe the phenomenon. Eight daughters who cared for their mothers with breast cancer at Dr. Soepraoen Hospital, Malang, Indonesia were recruited.

Other inclusion criteria when selecting the study participants included being of an age between 20 to 40 years, living together with the mother, having completed at least a secondary level of education, and having cared for their mothers who had been diagnosed with breast cancer of a minimum stage 2 for at least 2 months. The participants were given information about the study and their right to withdraw from the study at any time.

All participants submitted written consents before the interview. The data collection was conducted using a semi-structured interview with the researchers acting as the main instrument. The interviews were conducted throughout May 2017 at the participants'

homes for their convenience.

The interviews lasted about 60 minutes each, and they were tape-recorded and transcribed into text. The researcher also made notes to help to complete the data. The data was analysed through several steps as suggested by Braun & Clarke (2013), including getting familiar with the data, coding, selecting the themes, analysing the themes, determining the themes, and formulating the results.⁷

The data was validated by applying the transferability, dependability, confirmability, and credibility as suggested by Lincoln and Guba (1985).⁸ (37.5%). Most of the respondents had not yet married (62.5%) and lived in the Malang district (50.0%). Table 1: Sociodemographic characteristics of the study participants variables N (%) Age - 25 2 (25.0) 26 - 30 5 (62.5) > 31 1 (12.5) Education Senior high school 5 (62.5) Higher education 3 (37.5) Employment Unemployed 2 (25.0) Housewife 3 (37.5) Self employed 1 (12.5) Employed 2 (25.0) Marital status Single 5 (62.5) Married 3 (37.5) Place of residence Malang district 4 (50.0) Pasuruan district 1 (12.5) Blitar district 1 (12.5) Malang city 1 (12.5) Probolinggo district 1 (12.5) As shown in Table 2, most of the mothers of the participants (50%) had been diagnosed with breast cancer for 6 - 12 months.

Most of the patients had been undergoing surgery and chemotherapy (87.5%). The majority of the patients relied on medical treatment only (62.5%). Table 2: Characteristics of the mothers of the study respondents results The characteristics of the study participants have been shown in Table 1. Most of the respondents were aged between 26-30 years old (62.5%), had completed senior high school (62.5%), and were housewives 187 From the analysis of the interview transcripts, two themes emerged, namely 1) feeling the mother's feelings, and 2) being sincere and surrendering to God. Each theme had two subthemes, as described below.

Theme 1: Feeling the mother's feelings Most of the participants revealed that their close relationship with their mother made them feeling their mother's suffering upon being diagnosed with breast cancer. At this point, the daughters expressed their feelings in relation to dealing with the painful reality and their empathy toward their mother's condition.

Subtheme 1: facing the painful reality: Being diagnosed with breast cancer is a painful reality for any woman and their closest relatives. The daughters described their feelings of helplessness, yet they were also trying to endure the suffering. The first category that emerged in this subtheme was unpleasant shocks. The participants felt disbelief after learning that their mothers had developed breast cancer.

"The doctor said (that) my mother had a breast cancer. I was so shocked" (P1, line 49). "How come my mother can get this disease?" (P7, line 98). The second category reflects the participants' helplessness at accepting their mother's illness, as represented in the following statement. "It is hard to accept (this reality), but what can I do?" (P1, line 58).

Subtheme 2: being empathic to their mother's conditions: In this subtheme, the participants described their feeling of worry over their mother's condition. The first category in this subtheme was being worried about their mother's illness. The participants expressed their worry about their mother's chance of survival. "I am afraid that my mother will never recover". (P8, lines 33 and 99). "I can't imagine if she will leave us so soon". (P3, line 77).

In the second category, the participants expressed their extraordinary feeling of empathy for the painful condition that their mothers were suffering from. "When she complained about the extreme pain, it is hard to tell how much I could feel it". (P1 line 175) "I felt (that) I could not see her suffering". (P5, line 150). The third category in this subtheme was that the participants told the researcher about harbouring their sadness due to their mother's condition.

"I often secretly cried". (P6, line 166) "I tried to be strong in front of her". (P7, line 118). Theme 2: **being sincere and surrendering to God** The participants described their experience in going through the illness and caring for their mothers with breast cancer with sincerity. The condition also enhanced their faith, as they surrendered to God with hope.

Subtheme 1: going through the illness: In dealing with the reality of their mother's condition, the participants expressed how they tried to accept the illness. They considered that the illness was a part of the life process, and that they must sincerely care for their mothers. "I tried to accept this with my heart and care for her with sincerity". (P4, line 153) "Life is like this... just go with it".

(P1, line 223; P5, line 252) Subtheme 2: Surrender to God: In this subtheme, the first category was asking for help from God. They believed that all diseases are from God as a trial in the lives of human beings (P2). They also believed that all diseases have a cure and that only God can provide the cure.

"Bismillah (A Muslim's word which means in the name of God), I give up this fate to God. He create diseases, so He also provides the cure". (P7, line 134, 243, 278). The participants also stated that they have increased their spirituality as a way of hoping for a miracle cure for their mother's survival, as well as to gain strength when **caring for the**

sick person (P1, P4, and P7). The second category was patience in caring.

In understanding the severity level of the illness and the long clinical course of breast cancer, the participants expressed the need for patience when caring for the mothers. "We expect the best for her, so we must be patient". (P2, line 301). The third and the fourth category in this subtheme was the decision to surrender to God and preparing for the worst.

The participants considered that despite all efforts and treatment, anything could happen if God is willing. Therefore, they should prepare themselves to accept whatever situations they face ahead. "Just surrender, whatever will be..." (P5, line 231; P8, line 255). "Anytime we can lose her, so just get ready"(P5, line 204).

DISCUSSION Feeling the mother's feelings: This theme reflects the inner resistance of the participants in understanding their mother's breast cancer. This first stage of grieving helps someone to overcome and survive. At this stage, rejection is usually only a temporary defence. Denial helps to accelerate the feelings of sadness.⁹ In the next stage, there is anger. Anger is an emotion that is most often used to manage loss.

When diagnosed with a terminal illness, a person may express anger at themselves, their relatives, health workers, and even God.¹⁰ For the family, they feel sad at the possibility of losing their loved ones.¹¹ The daughter of a woman with breast cancer can feel loss due to the mother's physical changes and the possibility of death.¹² After experiencing the loss, some may develop a stage of depression, and then start to accept the new life condition.^{9,13} Many factors influence the whole process including self-understanding, expectations, environmental barriers, social attitude, emotional stress, advice from others with good self-adjustment, self-perspective, and self-concept.¹⁴ The family's acceptance influences the self and social adjustment.¹⁵ In social adjustment, in the acceptance stage, the family will be able to accept, pay attention, have feelings of tolerance, show empathy and sympathy and want to help the sick person, which is the beginning of the healing process.¹⁴ being sincere and surrendering to God: Sincerity, in other words, reflects the nature of being genuine, and letting go, which refers to the process of releasing all forms of feeling. Sincerity is also understood as an acceptance condition.^{16,17} In this study, being sincere is interpreted as acceptance by the participants.

In Javanese culture, the ethnicity of the study participants, sincerity is defined as accepting the conditions with a whole heart.¹⁶ In addition, as Muslims, the participants may also intend to have the pure intention of expecting God's approval from doing deeds including caring for their sick mothers. This concept is similar to the concept of

letting go, as proposed by Corey (2005).

Letting go relates to the release of emotions that interferes with one's social relationships.¹⁸ Surrender was interpreted by the participants in relation to their cultural background as Javanese Muslims. It referred to their helplessness in facing God's supremacy. In this culture, a human being should submit to God's rules and decisions.¹⁹ Therefore, a person should worship God and pray when expecting help from God.²⁰ Being sincere and submissive is a mental condition that relates to the ideology of being a servant of God.

Developing sincerity and surrendering their hope to God is a spiritual approach that can be used by the daughters to cope with their mother's condition. Although most people may express their acceptance of the sick person because of the family relationship, the response may be different. This response explains how the pattern of a family can adapt to the different individual's situation.²¹ Families with a member that has been diagnosed with cancer have an exhaustive experience with many sacrifices from various aspects of life to make.²² This situation demands that the family be prepared for the worst condition, feel frustration, and accept the threat of loss.²³ The acceptance of the family, especially the daughters/girls, will provide them with the "energy" and confidence to try to improve each of their abilities.^{6,21} Conclusion Two themes that emerged in this study were (1) feeling the mothers' feelings and (2) being sincere and surrendering to God, reflecting the participant's journey when facing the reality of their mothers' experience with breast cancer and coping with the conditions.

As daughters, the participants feel dreadful upon learning of their mother's diagnosis of breast cancer but then developed acceptance through their faith in God and their principles related to life in the Javanese culture. Therefore, we suggest that nurses and other health professionals in the hospital should provide mental and spiritual support for the family members, especially the daughters who care for their sick mothers. 189 Ethical Clearance: Ethical approval was granted by the School of Public Health in Airlangga University, Surabaya.

Source of Funding: Self-funding. Conflict of Interest: Nil.

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